

THE QUARRY GYMNASTICS CENTER, INC.

206 Quarry Avenue, DuBois, Pa. 15801

**LIABILITY WAIVER, PHOTE RELEASE MEDICAL AUTHORIZATION
BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN
LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.**

Parent or guardian must sign this form \

20/21

Child's Name _____

Parents _____

Address _____ City _____ Zip _____

Birthday _____ Age _____ Phone _____

Emergency Phone Numbers _____

**LIABILITY WAIVER, PHOTE RELEASE MEDICAL AUTHORIZATION
ASSUMPTION OF RISK.**

I am aware that in addition to the usual dangers and risk inherent in the sport of gymnastics and Trampoline, certain additional dangers and risks are present when using The Quarry Gymnastics Center, Inc. Facilities, Gymnastics Equipment and Trampoline, Including , but not limited to, the danger and risk of falling, landing performing tricks and colliding with other gymnast staff media personnel and spectators, By signing this waiver, I freely except and fully assume responsibility for all such dangers and risk and the possibility of personal injury, death, property damage or loss resulting there from. In consideration of utilizing The Quarry Gymnastics Center, Inc. Facilities, Gymnastics Equipment, and Trampolines and for other good and valuable consideration, I hereby agree as follows:

1. **TO WAIVE AN AND ALL CLAIMS** for personal injury and /or property damage that I may have against The Quarry Gymnastics Center, Inc. And It's directors, officers, agents, employees, contractors, representatives and any volunteers in any way associated with The Quarry Gymnastics Center, Inc. All of whom are hereinafter collectively referred to as "The Releases"
2. **TO RELEASE THE RELEASES FORM ANY AND ALL LIABILITY** for any loss, damage, injury, death, medical or other expenses that I may suffer or that my next of kin may suffer as a result of use of The Quarry Gymnastics Center, Inc. Equipment and Trampoline or in my palpation in the sport at Gymnastics/Trampoline due to any cause whatsoever.
3. **TO HOLD HARMLESS AND INDEMNIFY THE RELEASES** from any and all liability for any property damage on personal injury to any third party, resulting from the use of The Quarry Gymnastics Center, Inc. Equipment and Trampoline or by any participation in the sport of Gymnastics/Trampoline.
4. **THIS RELEASE OF LIABILITY SHALL BE EFFECTIVE AND BINDING** upon my heir, next of kin, executors, administrators, and assign in the event of my injury or death.
5. **I ADDITIONALLY AGREE** not to take unreasonable risk while participating in Gymnastics and Trampoline, including but not limited to attempting skills or tricks that I am qualified to perform safely or causing any other participants/spectators unreasonable risk of harm.

6. **I ADDITIONALLY AGREE** that I shall follow correct safety procedures when using The Quarry Gymnastics, Inc. Equipment and Trampoline. I understand the retains the right to use any photographs, video-tapes, motions, pictures recordings or any other record of this event for publicity, advertising, or any legitimate purpose.

7. **HEREBY CERTIFY THAT** I am eighteen (18) years of age or more. I am covered by my own insurance, and that I have read and understand this Release of Liability prior to signing it, and I am aware by signing this Release of Liability I am voiding certain legal rights which I or my heirs, next of kin executors administrators and assigns may have against the Releases.

8. **COVID-19 WARNING** – We have taken enhanced health and safety measures. By visiting and participating you voluntarily assume all risk related to exposure to COVID-19 and other contagions.

PARTICIPANT INFORMATION

Participant's Name _____

MEDICAL & INSURANCE INFORMATION

Insurance Company _____

List any Medications Currently Taking _____

Allergies _____

MEDICAL TREATMENT AUTHORIZATION & LIABILITY RELEASE

Guardian or I the undersigned parent do hereby grant permission for the above named participant to Attend the listed Quarry Gymnastics Center, Inc. I also authorize any necessary treatment by a qualified physician for my daughter/son which they may sustain while at practice/ training. I would like them taken to a hospital for medical treatment, and hold The Quarry Gymnastics Center, Inc. and it's representative harmless in their execution of this authority.

I further released The Quarry Gymnastics Center, Inc. and representatives from any claims for injury or illness may be sustained as a result of their participation in this event. I acknowledge and understand that in participating in this event, there is a possibility they may sustain physical illness or injury in connection with his or her participation. I further understand and acknowledge that my daughter/son assume the full risk of physical injury by their participation and I further release the event location, The Quarry Gymnastics Center, Inc. As well as its representatives, from any claim for personal injury of illness that they may sustain during practice or training.

I understand and will be responsible for any medical bills that may be incurred on behalf of my daughter or son for physical illness or injury they may sustain during the practices / training. The Quarry Gymnastics Center, Inc. Reserves the right to send any participant to a hospital for diagnosis and treatment, the parent assuming full responsibility. I have read the above statement and agree in full to it's content. A medical release & Insurance form signed by a parent or guardian in order for your child to participant. Each student is also required to have their own medical insurance coverage. Any expense arising from injury or illness will be the primary responsibility of the parent or guardian's medical coverage.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and PHOTO RELEASE and I VOLUNTARILY affix my name in agreement.

Parent/legal Guardian Signature _____ Date _____

Phone Number _____